

Montana Board of Pharmacy
301 South Park Avenue, 4th Floor
PO Box 200513
Helena, MT 59620-0513
Phone 406/841-2356 Fax 406/841-2343

www.discoveringmontana.com/dli/pha
email: dlibsdp@state.mt.us

**PHARMACY TECHNICIAN REGISTRATION
INSTRUCTION SHEET**

1. Complete Form TECH-APP completely and have notarized.
2. Attach the following documents to your application;
 - a. Copy of High School Diploma or equivalency certificate.
 - b. Copy of birth certificate.
 - c. Copy of PTCB certificate if applying as a Certified Pharmacy Technician.
 - d. Provide the name and address of the pharmacy in which you plan to be employed if applying as a Pharmacy Technician-in-Training.
3. Read all Administrative Rules of Montana and Montana Codes Annotated relating to practicing as a pharmacy technician in the State of Montana.
4. Send Character References to 3 people who are knowledgeable of your ability to practice as a pharmacy technician. These questionnaires should be returned directly to this office and not to the applicant.
5. Send Verification of Licensure request to any state you have held a license to practice any profession or occupation. Be sure the requests are returned directly to this office and not to the applicant.
6. Enclose \$40 fee payable to the Montana Board of Pharmacy in the form of a check or money order.

For further information or clarification, Please contact:

Nancy Dunagan, Licensing Specialist
Montana Board of Pharmacy

Email: dlibsdp@state.mt.us
Phone: 406/841-2356

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Application for Pharmacy Technician Registration
Please enclose a 2"x3" recent Photograph
Registration Fee: \$40.00

Type of Registration:

- ☐ **Certified Pharmacy Technician**
☐ **Pharmacy Technician-in-Training**

1. FULL NAME _____
Last First Middle
2. OTHER NAME(S) KNOWN BY _____
3. BUSINESS NAME: _____
4. BUSINESS ADDRESS _____
Street or PO Box # City and State Zip Country
5. HOME ADDRESS _____
Street or PO Box # City and State Zip Country
- PREFERRED MAILING ADDRESS: ☐ Business ☐ Home E-MAIL ADDRESS _____
6. TELEPHONE _____
Business Home Fax
7. SOCIAL SECURITY NUMBER _____ FOREIGN ID NUMBER _____
8. DATE OF BIRTH _____ PLACE OF BIRTH _____
City/State ☐ MALE ☐ FEMALE
9. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

Please answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a Supplement Sheet.

10. Do you have any physical or mental impairment(s) requiring special accommodation(s)? If yes, attach a detailed explanation. ☐ Yes ☐ No
11. Have you ever taken the Pharmacy Technician Certification Board examination in Montana or any other state? If yes, give state, date, and results. ☐ Yes ☐ No
12. Have you ever been denied the right to take this profession's licensing examination in any state? If yes, attach a detailed explanation. ☐ Yes ☐ No

13. List all professional/occupational licenses, registrations, or certificates granted to you.

State/Province/Territory	License Number	Date Issued	Current	Type of License

14. Has a licensing agency ever taken adverse or disciplinary action against your license (certificate)?
If yes, attach a detailed explanation. ☐ Yes ☐ No
15. Has your license (certificate) ever been forfeited or surrendered? If yes, attach a detailed explanation. ☐ Yes ☐ No
16. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct?
If yes, attach a detailed explanation. ☐ Yes ☐ No
17. Has any legal or disciplinary action been filed against you which relates to the propriety or your fitness to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
18. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☐ No
19. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit:
(1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☐ No
20. Have you ever been charged with fraud, formally or informally, in any civil proceeding?
If yes, attach a detailed explanation. ☐ Yes ☐ No
21. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☐ No
22. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☐ No
23. Have you read all Montana Codes Annotated (MCA) and Administrative Rules of Montana (ARM) in regard to practicing as a pharmacy technician or technician-in-training in Montana? ☐ Yes ☐ No

I authorize the release of information concerning my competence to practice, by anyone who might possess such information, to the Montana licensing board.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this _____ day of _____, _____ at _____

City/State

Notary Public

For the State of

Commission expires

(SEAL)

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Each applicant will have three statements of good moral character submitted by the following: **one reference** which is a professional reference from a licensed pharmacist and **two references** from persons with knowledge of the applicant within the past two years. The applicant should complete Section I and forward the form to their selected reference person. (References cannot be relatives.) Section II and III are to be completed by the reference people. The completed form is to be sent directly to the Board office from the reference source.

SECTION I:

To: _____ (Reference)

From: _____ (Applicant)

SECTION II:

CERTIFICATE OF GOOD MORAL CHARACTER

This certifies that I have been personally acquainted or have worked with _____
_____ for _____ years, and that I believe the applicant to be of good
moral character. I recommend the applicant to the Montana Board of Pharmacy to become a registered
pharmacy technician or technician-in-training.

Signed: _____ Dated: _____

Position: _____

Address: _____

Phone Number: _____

☐ I recommend ☐ I highly recommend ☐ I recommend with reservations

SECTION III: Please provide personal or professional remarks, use the other side of this form if necessary.